PTO/SB/22 (08-03)

Approved for use through 7/31/2006. OMB 0651-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Docket Number (Optional) YAI-002		
	In re Application	of Michael J.	. MAY et al.			
	Application Numb	er 46-Conf. #6173	Fil	ed May 2, 2001		
	For ANTI-INF	LAMMATORY C	OMPOUND	OUNDS AND USES THEREO		
	Árt Unit	1653	Examiner	A. U. Desai		
This is a request under the provisions identified application.	of 37 CFR 1.136(a) to extend the p	eriod for filir	ng a reply in the above		
The requested extension and appropri	ate non-small-entit	y fee are as follo	ws (check ti	ime period desired):		
One month (37 CFR 1.17)	(a)(1))			\$		
Two months (37 CFR 1.17	7(a)(2))			\$		
X Three months (37 CFR 1.				\$ 950.00		
Four months (37 CFR 1.1)				\$		
Five months (37 CFR 1.17				\$		
X Applicant claims small entity sta		1.27. Therefore	. the fee am			
attorney or agent o x attorney or agent u Registration numbe July 15, 2004 Date	of the entire intereer 37 CFR 3.73(b) f record. Registrat	st. See 37 CFR is enclosed. (Fo ion Number	3.71. rm PTO/SB.	emillano		
(617) 227-7400 Telephone Number NOTE: Signatures of all the inventors or assigne	es of record of the entire	nterest or their represe	Jane E Typed or	nature Remillard printed name		
	es of record of the entire	nterest or their represe	Jane E Typed or	. Remillard printed name		
Telephone Number NOTE: Signatures of all the inventors or assigne	es of record of the entire		Jane E Typed or	. Remillard printed name		
Telephone Number NOTE: Signatures of all the inventors or assigne than one signature is required, see below			Jane E Typed or	. Remillard printed name		
Telephone Number NOTE: Signatures of all the inventors or assigne than one signature is required, see below Total of 1 IBLANCO 00000002 120080 09847946	forms are submitted		Jane E Typed or entative(s) are re	. Remillard printed name quired. Submit multiple forms if m		
Telephone Number NOTE: Signatures of all the inventors or assigne than one signature is required, see below Total of 1	forms are submitted ce is being deposite addressed to:	ted with the U.S.	Jane E Typed or entative(s) are re	Remillard printed name quired. Submit multiple forms if m		
Telephone Number NOTE: Signatures of all the inventors or assigne than one signature is required, see below Total of 1 BLANCO 00000002 120080 09847946 A75. 00 B0 I hereby certify that this corresponden No. EL 981582277 US, in an envelope 1450, Alexandria, VA 22313-1450, or	forms are submitted ce is being deposite addressed to:	ted with the U.S. Amendment Celow.	Jane E Typed or entative(s) are re	Remillard printed name quired. Submit multiple forms if		

PTO/SB/17 (10-03)

Approved for use through 7/31/2006. OMB 0651-0032

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for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 475.00

Complete if Known					
Application Number	09/847,946-Conf. #6173				
Filing Date	May 2, 2001				
First Named Inventor	Michael J. MAY				
Examiner Name	A. U. Desai				
Art Unit	1653				
Attorney Docket No.	YAI-002				

(b) Troub Fallon (c)							
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)						
Check Credit Money Order Other None	3. ADDITIONAL FEES						
χ Deposit Account:							
Deposit 40,0000		Large Entity Small Entity					
Account 12-0080	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description Fee Paid		
Deposit	4054	420	2054	6 5	Overthern bet filler for an eath		
Account Lahive & Cockfield, LLP	1051	130	2051	65	Surcharge – late filing fee or oath		
The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.		
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-English specification		
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	For filing a request for ex parte reexamination		
Charge fee(s) indicated below, except for the filing fee	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
to the above-identified deposit account.	1805	1,840*	1805	1,840	Requesting publication of SIR after Examiner action		
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month		
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month		
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month 475.00		
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension for reply within fourth month		
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension for reply within fifth month		
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal		
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal		
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for oral hearing		
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding		
SUBTOTAL (4) (6)	1452	110	2452	55	Petition to revive – unavoidable		
SUBTOTAL (1) (\$) 0.00	1453	1,330	2453	665	Petition to revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fee (or reissue)		
Extra Fee from Claims below Fee Paid	1502	480	2502	240	Design issue fee		
Total Claims 11 -20** = x = 0.00	1503	640	2503	320	Plant issue fee		
Independent 3 -3** = x = 0.00	1460	130	1460	130	Petitions to the Commissioner		
Claims 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
Large Entity Small Entity	1806	180	1806	180	Submission of Information Disclosure Stmt		
Fee Fee Fee Fee Fee Description	8021	40	8021	40	Recording each patent assignment per		
Code (\$) Code (\$)	0021	40	8021	40	property (times number of properties)		
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))		
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each additional invention to be		
1204 86 2204 43 ** Reissue independent claims	1801	770	2801	385	examined (37CFR 1.129(b))		
over original patent					Request for Continued Examination (RCE) Request for expedited examination		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)						
- · ·		٠.			Doid CURTOTAL (2) (C)		
SUBTOTAL (2) (\$) 0.00 **or number previously paid, if greater; For Reissues, see above	Redu	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 475.00					
SUBMITTED BY (Complete (if applicable))					(Complete (if applicable))		
Name (Print/Type) Jane E. Pemillard		ation No y Agent)	38,	,872	Telephone (617) 227-7400		
Simulum Co. 1	7	7			D. 1. 1. 45 0004		

						100	(pp.::;)
Name (Print/Type)	Jane E.	emillard		Registration No. (Attorney)Agent)	38,872	Telephone	(617) 227-7400
Signature		an	K	millan		Date	July 15, 2004
		1					-

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL 981582277 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

emilla

Dated: July 15, 2004

Signature:

(Jane E. Remillard)